

103D CONGRESS
1ST SESSION

H. R. 1774

To amend the Public Health Service Act to establish a program of grants
for rural health outreach.

IN THE HOUSE OF REPRESENTATIVES

APRIL 21, 1993

Mr. GUNDERSON (for himself, Mr. SLATTERY, Mr. ROBERTS, Ms. SNOWE, Mr. EMERSON, Mr. THOMAS of Wyoming, and Mr. STENHOLM) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to establish a
program of grants for rural health outreach.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Rural Health Outreach
5 Grants Amendments Act”.

1 **SEC. 2. ESTABLISHMENT OF PROGRAM OF GRANTS FOR**
2 **RURAL HEALTH OUTREACH.**

3 Title III of the Public Health Service Act (42 U.S.C.
4 241 et seq.) is amended by adding at the end the following
5 new part:

6 “PART P—RURAL HEALTH OUTREACH GRANT
7 PROGRAM

8 **“SEC. 399B. RURAL HEALTH OUTREACH GRANT PROGRAM.**

9 “(a) IN GENERAL.—The Secretary may make grants
10 to demonstrate new and innovative models of outreach and
11 health care services delivery in rural areas that lack basic
12 health services. Grants will be awarded for one of the fol-
13 lowing: direct provision of health services to rural popu-
14 lations (especially for those who are not currently receiving
15 those services), or to enhance access to and utilization of
16 existing available services.

17 “(b) MISSIONS OF THE OUTREACH PROJECTS.—
18 Projects under subsection (a) should be designed to ad-
19 dress the needs of a wide range of populations living in
20 rural communities including, but not limited to, the poor,
21 farmers, farm workers, senior citizens, individuals with
22 disabilities, pregnant women, infants, adolescents, and
23 rural populations with special health care needs. The pro-
24 gram could include projects to:

25 “(1) Provide, enhance, or revitalize emergency
26 medical services in rural communities.

1 “(2) Provide ambulatory health and/or mental
2 health services in health professional shortage areas
3 and in frontier areas.

4 “(3) Enhance the health and safety of farmers
5 through direct health services for farm families, and
6 migrant and seasonal farm workers.

7 “(4) Provide direct health services to enhance
8 health care services to senior citizens.

9 “(5) Provide direct health services that will re-
10 duce infant mortality in rural communities.

11 “(c) COMPOSITION OF PROGRAM.—

12 “(1) CONSORTIUM ARRANGEMENTS.—Participa-
13 tion in the program established in subsection (a) re-
14 quires the formation of consortium arrangements
15 among three or more separate and distinct entities
16 to carry out an outreach project.

17 “(2) CERTAIN REQUIREMENTS.—

18 “(A) A consortium under paragraph (1)
19 must be composed of three or more existing
20 health care providers or a combination of three
21 or more health care and social service providers.
22 Consortium members may include such entities
23 as: hospitals, public health agencies, home
24 health providers, mental health centers, rural
25 health clinics, social service agencies, health

1 profession(s) schools, educational institutions,
2 emergency medical centers/providers, and com-
3 munity and migrant health centers.

4 “(B) All public and private entities, both
5 nonprofit and for-profit may participate as
6 members of a consortium arrangement under
7 paragraph (1).

8 “(C) A grant under subsection (a) will be
9 made to only one entity in a consortium under
10 paragraph (1). The grant recipient must be a
11 nonprofit or public entity which meets one of
12 the following requirements:

13 “(i) Applicants must be located out-
14 side of a Metropolitan Statistical Area as
15 defined by the Federal Government.

16 “(ii) Applicant must be located in a
17 rural census tract. (This provision applies
18 to counties that are technically classified
19 as Metropolitan Statistical Areas or con-
20 sidered as part of a Metropolitan Statis-
21 tical Area but large parts of the counties
22 are rural.) Organizations located in the
23 rural areas of the counties mentioned pre-
24 viously are eligible for participation in the
25 program.

1 “(d) REVIEW CRITERIA.—An outreach application
2 under this section may be evaluated based on the following
3 criteria:

4 “(1) The extent to which the applicant has pro-
5 posed a new and innovative approach to health care
6 in the rural area. Services shall be directed as popu-
7 lation groups that are unserved or underserved.

8 “(2) The extent to which the applicant has jus-
9 tified and documented the needs for the project and
10 developed measurable goals for meeting the needs.

11 “(3) The extent to which the applicant has
12 clearly defined the roles and responsibilities for each
13 member of the consortium and developed a workable
14 plan for managing the consortium’s activities.

15 “(4) The level of local commitment and involve-
16 ment with the project, including the extent of cost
17 participation by the applicant and/or other organiza-
18 tions.

19 “(5) The feasibility of the project to continue
20 after Federal grant support is completed.

21 “(6) The extent of the evaluation component.

22 “(e) HOW PROJECT FUNDS ARE TO BE EX-
23 PENDED.—

1 “(1) Grantees under subsection (a) will be re-
2 quired to use at least 85 percent of the total amount
3 awarded for outreach and care services.

4 “(2) 60 percent of funds must be spent in rural
5 areas. This provision is designed accordingly—when
6 a consortium is purchasing goods and services, pri-
7 ority should be given to purchases in rural areas.

8 “(3) Grant funds may not be used for purchase,
9 construction, or renovation of real property or to
10 support the delivery of inpatient services.

11 “(4) Grant funds may be used for equipment
12 and vehicles when such equipment is essential to
13 carrying out the outreach project.

14 “(5) Individual grant awards will be limited to
15 a total amount of \$300,000 per year. Projects will
16 be federally funded for three years.

17 “(6) Applicants must demonstrate that existing
18 levels of institutional and other support are not re-
19 duced or supplanted by the availability of these
20 grant funds.

21 “(f) AUTHORIZATION OF APPROPRIATIONS.—For the
22 purpose of carrying out this section, there are authorized
23 to be appropriated \$25,000,000 for fiscal year 1994, and
24 such sums as may be necessary for each fiscal year there-
25 after.”.

